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Bib Data Sheet

CONFIRMATION NO. 5107

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER 09/900,395 | FILING DATE 07/06/2001 RULE | CLASS 375 | GROUP ART UNIT 2631 | ATTORNEY DOCKET NO. TI-32591 |
|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------|

APPLICANTS

Lior Ophir, Herzlia, ISRAEL;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/217,767 07/12/2000

OK! DT

**** FOREIGN APPLICATIONS *******

NONE! DT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/23/2001

OK!

| | | | | | |
|--|--|----------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>DH</u> Initials | STATE OR COUNTRY ISRAEL | SHEETS DRAWING 5 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 2 |
|--|--|----------------------------|------------------------|--------------------|-------------------------|

ADDRESS

23494

TITLE

System and method of data communication using trellis coded modulation or turbo trellis coded modulation in combination with constellation shaping with or without precoding when using concatenated coding schemes or when working in a non-error free operation point

| | | |
|----------------------------|---|---|
| FILING FEE RECEIVED 840 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit |
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